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FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: August 23, 2006

CLIENT-MATTER NUMBER: 22728-06523

To:

| NAME: | FAX NO.: | PHONE NO.: |
|---|----------------|----------------|
| Office of Petitions U.S. Patent & Trademark Office | (571) 273-8300 | (571) 272-3282 |

FROM: Rajiv P. Patel *RPP* PHONE: (650) 335-7607

RE: USSN 10/006,971 Filed 12-6-2001
Patent No. 6,072,933 Issued 6-6-2000

NUMBER OF PAGES WITH COVER PAGE: 10

MESSAGE:

Pursuant to my discussion this morning with Kim Diep, attached is the Petition to Accept Unintentionally Delayed Payment of Maintenance Fee paperwork we submitted on April 25, 2006, together with a copy of the receipt postcard stamped by the U.S. Patent Office.

Raj Patel 82-#
39,327

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22728/06523/DOCS/1650519.1

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Date Mailed: April 25, 2006 Atty/Sec: RPP/lm Patent No. 6,072,933 Issued 6-6-2000
Child Application No. 10/006,971 Filed: 12-6-2001 Parent of Docker No. 22728-06523

Applicant: David Green

Title: System for Producing Personalized Video Recordings

Please imprint Patent Office "date stamp" hereon to indicate receipt and then return card to addressee

Transmittal Form

Petition to Accept Unintentionally Delayed Payment of Maintenance Fee

Fee Transmittal Form (in duplicate)

Request to Correct Filing Receipt

Response to Notice to File Missing Parts

Request to Correct Assignment

Assignment & Recordation Cover Sheet

Amendment/Response C (25 pages)

Declaration

Issue Fee Transmittal (in duplicate)

Power of Attorney

Letter to Chief Draftsperson

Application Data Sheet

Formal Drawings: ____ sheets

IDS, PTO-8A and cited references

Request for Certificate of Correction

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Notice of Appeal

Check in the amount of \$ 2,090.00

Other:

22728/06523/DOCS/1616640.1



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| Date Mailed: April 25, 2006 | Atty/Scc: RPP/lm | Patent No. 6,072,933 Issued 6-6-2000 |
| Child Application No. 10/006,971 | Filed: 12-6-2001 | Parent of Docket No. 22728-06523 |

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| | | Patent Number | 6,072,933 |
| | | Issue Date | June 6, 2000 |
| | | Application Number | 08/807,532 |
| | | Filing Date | February 28, 1997 |
| | | First Named Inventor | David Green |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | Parent of 22728-06523 |

| ENCLOSURES (check all that apply) | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Check Enclosed | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Application Data Sheet | <input checked="" type="checkbox"/> Petition to Accept Unintentionally Delayed Payment of Maintenance Fee in an Expired Patent (37 CFR 1.371(c)) |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Copies of IDS Cited References | |
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| <input type="checkbox"/> Amendment/Response: Pages | |
| <input type="checkbox"/> After Final | |
| <input type="checkbox"/> Status Request | |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | |

REMARKS:

| SIGNATURE OF ATTORNEY OR AGENT | |
|--------------------------------|---|
| Signature: |  |
| Attorney/Reg. No.: | Rajiv P. Patel, Reg. No. 39,327 |
| Dated: | April 25, 2006 |

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| Typed or Printed Name: | Rajiv P. Patel |
| Dated: | April 25, 2006 |
| Express Mail Mailing Number (optional): | |

| <h1>FEE TRANSMITTAL</h1> <h2>for FY 2006</h2> <p>Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">GENTRAL FAX CENTER</p> <p style="text-align: right;">AUG 23 2006</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Complete if Known</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Patent Number</td> <td colspan="2">6,072,933</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Issue Date</td> <td colspan="2">June 6, 2000</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Application Number</td> <td colspan="2">08/807,532</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Filing Date</td> <td colspan="2">February 28, 1997</td> </tr> <tr> <td colspan="2" style="padding: 5px;">First Named Inventor</td> <td colspan="2">David Green</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Attorney Docket No.</td> <td colspan="2">Parent of 22728-06523</td> </tr> </table> | | Complete if Known | | Patent Number | | 6,072,933 | | Issue Date | | June 6, 2000 | | Application Number | | 08/807,532 | | Filing Date | | February 28, 1997 | | First Named Inventor | | David Green | | Attorney Docket No. | | Parent of 22728-06523 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Named Inventor | | David Green | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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ADDITIONAL FEES </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Deposit Account Number 19-2555 Deposit Account Name Fenwick & West LLP </td> <td colspan="2" style="padding: 5px;"> Large Entity Small Entity Fee Description Fee Paid </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account. </td> <td colspan="2" style="padding: 5px;"> Fee Code (\$) Fee Code (\$) Fee Code (\$) Fee Code (\$) </td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"> FEE CALCULATION </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> 1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 60%;"></th> <th style="width: 10%;"></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <td colspan="2" style="height: 100px;"></td> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center; font-weight: bold;">SUBTOTAL (1) (\$)</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4" style="padding: 5px;"> 2. 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| The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account. | | Fee Code (\$) Fee Code (\$) Fee Code (\$) Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 60%;"></th> <th style="width: 10%;"></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <td colspan="2" style="height: 100px;"></td> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center; font-weight: bold;">SUBTOTAL (1) (\$)</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | | | Fee | Fee | Fee Description | Fee Paid | Code (\$) | Code (\$) | | | SUBTOTAL (1) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code (\$) | Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Claims</th> <th style="width: 15%;">Independent Claims</th> <th style="width: 15%;">Multiple Dependent</th> <th style="width: 15%;">Extra Claims</th> <th style="width: 15%;">Fee from below</th> <th style="width: 15%;">Fee Paid</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>-20** =</td> <td><input type="text"/></td> <td>X</td> <td><input type="text"/></td> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td>-3** =</td> <td><input type="text"/></td> <td>X</td> <td><input type="text"/></td> <td>=</td> <td><input type="text"/></td> </tr> <tr> <td colspan="6" style="height: 100px;"></td> </tr> </thead> <tbody> <tr> <td colspan="6" style="text-align: center; font-weight: bold;">SUBTOTAL (2) (\$)</td> </tr> </tbody> </table> | | | | Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | -20** = | <input type="text"/> | X | <input type="text"/> | = | <input type="text"/> | -3** = | <input type="text"/> | X | <input type="text"/> | = | <input type="text"/> | | | | | | | SUBTOTAL (2) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL (2) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Small Entity Fee Description Fee Paid Fee Fee Fee Fee Code (\$) Code (\$) Code (\$) Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims in excess of 20 1202 50 2202 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims in excess of 3 1201 200 2201 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claim, if not paid 1203 360 2203 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reissue independent claims over original patent 1204 200 2204 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reissue claims in excess of 20 and over original patent 1205 50 2205 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) <u>First Maintenance Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) (\$ 2,090.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--------------------------|---|--------------------------------------|--------|---------------------------|
| Complete (if applicable) | | | | |
| SUBMITTED BY | Rajiv P. Patel | Registration No. (Attorney/Agent) | 39,327 | Telephone: (650) 335-7607 |
| Name (Print/Type) | | | | Date |
| Signature |  | | | April 25, 2006 |

**PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(c))**

Docket Number (Optional)
Parent of 22728-06523

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AUG 23 2006

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (703) 305-9282.

Patent No. 6,072,933

Application Number US 08/807,532

Issue Date June 6, 2000

Filing Date February 28, 1997

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable

The above-identified patent:

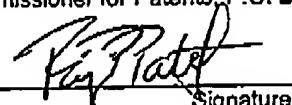
is a reissue of original Patent No. _____, original issue date _____;
 original application number _____;
 original filing date _____

resulted from the entry into the U.S. under 35 U.S.C. 371 of international application
 filed on _____

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

4/25/2006
Date


Signature

Rajiv P. Patel, Reg. No. 39,327
Typed or printed name of person signing Certificate

1. SMALL ENTITY

Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27.

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2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g).

3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

| NOT Small Entity | | | Small Entity | | |
|-----------------------------------|------------|--------|---|------------|--------|
| Amount | Fee | (Code) | Amount | Fee | (Code) |
| <input type="checkbox"/> \$ _____ | 3½ yr fee | (1551) | <input checked="" type="checkbox"/> \$ <u>450</u> | 3½ yr fee | (2551) |
| <input type="checkbox"/> \$ _____ | 7½ yr fee | (1552) | <input type="checkbox"/> \$ _____ | 7½ yr fee | (2552) |
| <input type="checkbox"/> \$ _____ | 11½ yr fee | (1553) | <input type="checkbox"/> \$ _____ | 11½ yr fee | (2553) |

MAINTENANCE FEE BEING SUBMITTED \$ 450.00

4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(2) of \$1,640.00 (Fee Code 1558) must be paid as a condition of accepting unintentionally delayed payment of the maintenance fee.

SURCHARGE FEE BEING SUBMITTED \$ 1,640.00

5. MANNER OF PAYMENT

Enclosed is a check for the sum of \$ 2,090.00

Please charge Deposit Account No. _____ the sum of \$ _____. A duplicate copy of this authorization is attached.

Payment by credit card. Form PTO-2038 is attached.

6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

The Commissioner is hereby authorized to charge any maintenance fee, surcharge or petition deficiency to Deposit Account No. 192555. A duplicate copy of this authorization is attached.

7. OVERPAYMENT

As to any overpayment made please

Credit to Deposit Account No. 19-2555

OR

Send refund check.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

BB

8. STATEMENT

The delay in payment of the maintenance fee to this patent was unintentional.

9. PETITIONER(S) REQUEST THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.

April 25, 2006

Date

Signature(s) of Petitioner(s)

Telephone
Number: (650) 335-7607

Rajiv P. Patel

Typed or printed name(s)

Fenwick & West LLP
801 California Street

Address

Mountain View, CA 94041

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

Enclosures:

Maintenance Fee payment
 Surcharge

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